



**Application for Mentor-Protégé Program**  
(for Potential Mentor only)

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

Non-Caltrans Professional References:

Name:	Firm Name:	Phone:	Prime	Sub	Client/ Owner
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Please list three specific goals that your firm would like to gain from participating in the program.
  
- Please list three items that your firm brings to the relationship.
  
- Please list the firm's San Diego/Imperial County office location and approximate number of staff (an office location in San Diego/Imperial County is required for participation in the program).
  
- Has your firm worked with any of the following agencies?
 

a. Caltrans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. SANDAG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Local Agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Other governmental agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
  
- How long has your firm been in business? \_\_\_\_\_ yrs

--- Upon completion, please file this document with ---

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